

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Hans G. Boman, Mats Andersson, Katrin Putsep and Goran Carlsson

Application No.: 10/530,606 Group: 1645

371(c) Date: February 21, 2006 Examiner: Swartz, Rodney P.

Confirmation No.: 9912

For: Method for Determining the Susceptibility of a Subject to Infection

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	14	MINUS	* 30	0	X \$ 26	\$		X \$ 52	\$	
INDEP	5	MINUS	** 10	0	X \$ 110	\$		X \$ 220	\$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$ 195	\$	+	\$ 390	\$
					TOTAL = \$ 0			TOTAL = \$ 0		

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to
			Rate	Total Amount Owed	Rate	Total Amount Owed	
41	100	0	X \$ 135	\$[]	X \$ 270	\$[]	100 Sheets

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	_____
		\$	_____
	TOTAL:	\$	_____


A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		_____
		\$	_____
		\$	_____
	TOTAL:	\$	_____

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
 Alice O. Carroll
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Concord, Massachusetts 01742-9133
 Dated: May 6, 2009